

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **TREATMENT OF AGE-RELATED MACULAR DEGENERATION**, the specification of which is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

[] In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Paul A. Lovoi

Inventor's Signature _____

Date: _____

Residence: _____

Country of Citizenship: U.S.A.
Saratoga, California

Post Office Address: _____

19152 DeHavilland Drive
Saratoga, California 95070

663P

Full name of second inventor: Michael Forman

Inventor's Signature _____

Date: _____

Country of Citizenship: U.S.A.

Residence:

Los Gatos, California

Post Office Address:

18311 Las Cumbres Road
Los Gatos, California 95033

Full name of third inventor: Peter C. Smith

Inventor's Signature _____

Date: _____

Country of Citizenship: U.S.A.

Residence:

Half Moon Bay, California

Post Office Address:

2411 S. Cabrillo Hwy.
Half Moon Bay, California 94019